

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Christopher F. Freudenberg et al.

Serial No.:

To Be Assigned

Filed:

Herewith

For:

PLASTIC SHEET BARRIER ENCLOSURE, SYSTEM, AND

**METHOD** 

**Examiner:** 

**Group Art Unit:** 

Docket No.:

BPL0002/US

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 EXPRESS MAIL NO. EV331041785US

PURSUANT TO 37 CRF 1.10, I CERTIFY THAT ON MONDAY, NOVEMBER 24, 2003, THE ATTACHED DOCUMENTS ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS "EXPRESS MAIL" ADDRESSED TO: MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA

#### Transmittal Letter for New U.S. Patent Application

#### Dear Sir:

Enclosed for your filing pursuant to 37 C.F.R. 1.10 are the following papers in connection with the above-identified patent application:

- Complete patent application, including 35 pages of the specification, 6 pages of 1. claims, and 1 page Abstract;
- 2. Combined Declaration and Power of Attorney (3 pgs.);
- 3. Assignment and Assignment Recordation Cover Sheet (5 pgs.);
- Check in the amount of \$578.00 for the application fee (including \$385.00 for filing fee; \$153 extra claims fee; and \$40 recordation fee);
- 5. Fee Calculation Sheet:
- Return Receipt Postcard. 6.

Applicant is a Small Entity and Small Entity Status is entitled to be asserted for the above-referenced U.S. Patent Application. See 37 CFR 1.27.

Pursuant to 35 U.S.C. 111 and 37 CFR 1.53, this application is being filed with the necessary application and claims. Please place this application on file upon receipt with a filing date of November 24, 2003.

November 24, 2003 Page 2

Enclosed is a check in the amount of \$578.00 for the filing fee. Should any additional fees be required, the Commissioner is authorized to charge Kagan Binder Deposit Account No. 50-1775 and thereafter notify us of the same.

Date: November 24, 2003

Respectfully submitted,

Mark W. Binder, Reg. No. 32,642

PATENT TRADEMARK OFFICE Phone: (651) 275-9805

Fax: (651) 351-2954

MWB/10404



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## **CLAIMS FEE CALCULATION SHEET**

	Claims	Extra	Rate	e	Fee
					\$385
Total Claims	37	- 20= 17	х	\$9	\$153
Total Independent Claims	3	- 3= 0	Х	\$43	\$0
Multiple Dependent Claims	0			\$145	\$0
Assignment Recordation	on Fee				\$40
				Total	\$578

MWB/10405